

SPORTS CENTER DayCamp

SportsDayCamp.com
850.969.1689
850.479.6576

Make checks payable to Youth Outreach Ministry (or Y.O.M.)
Sports Center Day Camp (Y.O.M.)
P.O. Box 18500
Pensacola, FL 32523-8500
Reservations@SportsDayCamp.com

Registration 2019 Ages 6-12 (and 5-year-olds who have completed K5)

Enclose registration fee: \$25 if registered by the Thursday before Camp; \$30 after that time (*this one-time fee is paid with registration*).

Camp Fee: \$130 per week (*must be paid by first morning of camp week*)

Camper Information

Name _____ (Please Print) (First) (Middle) (Last) (Prefer to be called) Boy Girl

Date of Birth _____ Age _____ (during camp) Grade _____ (just completed) Height _____ ft. _____ in.

Mailing Address _____ City _____ State _____ ZIP _____

Home Phone (____) _____ Parent/Legal Guardian E-mail _____

Does camper attend PCA? Yes No *To protect your child's privacy, PCA health records are not released to SCDC.

Week(s) Attending

- June 3-7 June 10-14 June 17-21 June 24-28 July 1-3, 5* *(July 4 week: Mon.-Wed., Fri. \$110 camp fee)
 July 8-12 July 15-19 July 22-26 July 29-Aug. 2 Aug. 5-9

Extended Care needed? Yes No If "yes," check week(s) extended care is needed. 3-5:30 p.m., \$35 per week

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Emergency Information

Father Legal Guardian _____ (First) (Last) Cell (____) _____ Work (____) _____

Mother Legal Guardian _____ (First) (Last) Cell (____) _____ Work (____) _____

When parents unavailable, contact the following:

Name _____ (First) (Last) Relationship _____ Phone (____) _____

Names of people authorized to pick up this camper:

Name _____ (First) (Last) Relationship _____ Phone (____) _____

Name _____ (First) (Last) Relationship _____ Phone (____) _____

With whom will the child live during camp? _____ (First) (Last) Relationship _____

Medical Information

The following medical questions and waiver **must be filled out by camper's parent/legal guardian.**

1. Does the camper have any current medical/emotional/behavioral/physical conditions and/or any food/environmental allergies? (*e.g. ADHD, ODD, ADD, anxiety, seizures, diabetes, peanut allergy, pollen allergy, etc.*) Yes* No If "yes," please explain _____

2. Will the camper be bringing any **routine or as-needed** prescription or over-the-counter medications, vitamins/supplements, or essential oils to camp? Yes* No If "yes," please note the types of medication _____

*If "yes" to either of the above questions (1-2), for the safety of your camper, a *Medical Release* form must be received in office prior to attending camp. The *Medical Release* form must be completed by both the parent/legal guardian and a licensed healthcare professional. Registrations will be finalized and payment(s) processed after the *Medical Release* has been received and reviewed to determine if reasonable accommodation can be made for the camper to attend camp.

3. If permission from a parent/legal guardian has been given, the camp nurse has been authorized by a staff healthcare professional to administer the following camp-provided OTC medications on an as-needed basis. Check "yes" for any medications you give permission for the nurse to administer. (*If left unchecked, option will be considered "no."*)

- Yes No Acetaminophen (Tylenol) Yes No Ibuprofen (Advil/Motrin)
 Yes No Calcium Carbonate (Tums) Yes No Auro-Dri (Swimmer's Ear)
 Yes No Diphenhydramine (Benadryl)

Please provide additional information regarding your camper's condition and/or social interactions to help the camp staff ensure a successful camp experience for your camper _____

I indemnify and save Youth Outreach Ministry, Inc.; Pensacola Christian College, Inc.; and its affiliates, employees, and agents harmless from any liability or medical payments resulting from my child's participating in this Sports Camp or other activities during his/her stay at Sports Center Day Camp. I further understand that Youth Outreach Ministry does not provide medical insurance coverage for my child and that any medical expenses incurred will be paid by either my own medical insurance or me. I hereby grant permission for my child to attend the Sports Camp and to participate in all the Camp activities. I give permission for my child's picture to be used in future publications, including publication on YOM and its affiliates' web pages. Campers are teamed according to their birth gender. Registration fee is nonrefundable and nontransferable. No refunds are available if a child attends any part of a week. I understand that Youth Outreach Ministry, Inc. reserves the right in its sole discretion to accept or deny admission and/or participation. If admission is denied, all deposits and monies paid will be refunded. There is a \$25 charge for all checks returned to us by your bank for any reason. We are unable to accept postdated checks.

I acknowledge and certify that I am legally authorized to sign this consent form on behalf of the minor child.

Signature—Parent/Legal Guardian **Only**

Relationship to Child

Date

Signed form for each camper must be received before camper may participate.